

COMAR 10.09.10.24/10.09.11.24

.24 Reimbursement Classes.

A. The reimbursement classes for the Administrative and Routine cost center are as follows:

(1) Facilities with less than 70 total licensed beds regardless of geographic region;

(2) Facilities with 70 total licensed beds or more in the Baltimore region consisting of Baltimore City and the following counties:

- (a) Anne Arundel,
- (b) Baltimore,
- (c) Carroll,
- (d) Harford, and
- (e) Howard;

(3) Facilities with 70 total licensed beds or more in the Washington region consisting of the following counties:

- (a) Charles,
- (b) Montgomery, and
- (c) Prince George's;

(4) Facilities with 70 total licensed beds or more in the nonmetropolitan region consisting of the following counties:

- (a) Allegany,
- (b) Calvert,
- (c) Caroline,
- (d) Cecil,
- (e) Dorchester,
- (f) Frederick,
- (g) Garrett,
- (h) Kent,

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- (i) Queen Anne's,
- (j) St. Mary's,
- (k) Somerset,
- (l) Talbot,
- (m) Washington,
- (n) Wicomico, and
- (o) Worcester.

B. The three reimbursement classes for the Other Patient Care cost center are based on the county groupings as specified in §A of this regulation except that these geographic regions are to be used for all facilities regardless of licensed capacity.

C. The reimbursement classes for the Nursing Service cost center are as follows:

(1) Facilities in the Baltimore region consisting of Baltimore City and Baltimore County;

(2) Facilities in the Central Maryland region consisting of the following counties:

- (a) Anne Arundel,
- (b) Carroll, and
- (c) Howard;

(3) Facilities in the Washington region consisting of the following counties:

- (a) Charles,
- (b) Frederick,
- (c) Montgomery, and
- (d) Prince George's;

(4) Facilities in the nonmetropolitan region consisting of the following counties:

- (a) Calvert,
- (b) Caroline,
- (c) Cecil,
- (d) Dorchester,
- (e) Harford,
- (f) Kent,
- (g) Queen Anne's,

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- (h) St. Mary's,
- (i) Somerset,
- (j) Talbot,
- (k) Wicomico, and
- (l) Worcester;

(5) Facilities in the Western Maryland region consisting of the following counties:

- (a) Allegany,
- (b) Garrett, and
- (c) Washington.

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E. The facility shall develop and implement a policy to ensure that the patient is notified at least 30 days before any proposed transfer, stating the reasons and giving the patient an opportunity for an impartial hearing. In emergencies, notification need not be given.

F. Department of Health and Mental Hygiene Schedules Hearing. If the patient or the patient's representative elects to request a hearing, the request shall be made in writing within 14 calendar days of receipt of the facility's notification of intended action. Upon receipt of the written request, the Department of Health and Mental Hygiene shall schedule a hearing within 14 calendar days with the appropriate hearing officer, with decisions to be rendered at the conclusion of the hearing.

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APPENDIX B

In accordance with Section 4211(b)(2) of OBRA 1987, the rates to nursing facilities, effective October 1, 1990, take into account the costs of nursing facilities' compliance with the requirements of Sections 1919(b) (other than paragraph (3)(F)), 1919(c), and 1919(d) of the Social Security Act. Provisions which represent changes from pre-existing requirements and the related cost impact are as follows:

Quality assessment and assurance committee (Section 1919(b)(1)(B)) - Maryland has required facilities to maintain a pharmaceutical services committee and an infection control committee. Nursing home staff mandated to participate on these committees include all of those specified by this new requirement. The pharmaceutical services committee and the infection control committee are required to meet quarterly as is the quality assessment and assurance committee. This new requirement will not result in increase cost by facilities, but will be met by restructuring the existing committee.

Minimum data set (Section 1919(b)(3)(A)(ii), (B), (C)(i)(I), (E)) - Maryland's previously required assessment tool, the Maryland Appraisal of Patient Progress, was performed monthly, requiring 15 minutes of staff time to complete (or, 3 hours per patient annually), plus at least 15 minutes for quarterly care planning (or, 1 additional hour annually). It has been estimated that the federal minimum data set will require 1 hour 45 minutes to complete annually. A quarterly review, which updates selected components of the annual assessment instrument, will require up to 15 minutes to complete, 3 times per year. Maryland will also require that an additional assessment, the Maryland Minimum Data Set, which also updates elements from the federal minimum data set, be completed monthly (12 times per year) requiring an average 6 minutes additional staff time each. The monthly assessments and quarterly reviews do not collect duplicate information. These instruments, in combination, will require less staff time (approximately 3 hours 36 minutes per patient annually) than had been required under MAPP. Since MAPP will no longer be used, Maryland's adoption of the minimum data set will not result in an added cost to facilities.

Although Maryland's licensing regulations do not specifically state that each assessment must be conducted or coordinated by a registered nurse, this standard is mandated by the Nurse Practice Act, COMAR 10.27.09.10. This Act defines the process of patient assessment as a responsibility of the registered nurse and one which includes contribution from the licensed practical nurse. Maryland's regulations do not specifically state that a registered nurse and other participants in the assessment process must sign the assessment. However, it is common practice for health professionals to sign their name upon completion of

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their assessment entries. This established requirement will not result in an added cost. New penalties for the falsification of assessments or for the use of independent assessors will not require an addition to facilities' reimbursement.

The above cited reference requiring that assessments be conducted no later than 4 days after the date of admission has been amended, under Section 4801(E)(1)(B)(3) of the Omnibus Budget Reconciliation Act of 1990, to a period of 14 days. Maryland requires the initial assessment to be completed within 7 days of admission. Maryland's regulations do not specifically state that assessments shall be coordinated with any state required preadmission screening program to avoid duplicative testing and effort. This added requirement should result in a cost savings, due to increased efficiency, for those facilities who have not been coordinating these tools.

Nurse staffing (Section 1919(b)(4)(C)(i)) - Maryland Medicaid reimbursement to all facilities is at a level calculated to be sufficient to cover the cost of providing 24-hour licensed nursing services and full-time (8 consecutive hours per day) registered professional nurse coverage 7 days a week. It is not expected that any facility waivers will be granted under the provisions of Section 1919(b)(4)(C)(ii).

Nurse aide training (Section 1919(b)(5)) - Nursing facilities are reimbursed for nurse aide training costs based upon cost reports submitted for the provider's cost reporting period which ended during the previous calendar year. These reports fully reflect the provider's compliance with the initial training and continuing education requirements of OBRA 1987. Actual expenses incurred for competency evaluation of nurse aides and nurse aide registry fees are also included in these reports. Therefore, Administrative/Routine ceilings and interim payments incorporate these amounts.

Nursing facilities will be required to report nurse aide training and competency evaluation costs distinct from any other training expense incurred in order to enable these costs to be claimed as State administrative expenses. Payments for nurse aide registry fees are claimed as nursing facility costs.

The work measurement study upon which nursing service payment is based has been updated to incorporate actual staffing information from the Program's wage survey in order to ensure that the additional hours which nurse aides are required to participate in training under the provisions of OBRA 1987 are included in the reimbursement formula.

Social worker staffing (Section 1919(b)(7)) - Although Maryland had previously not required a specific number of hours of social worker services, the tasks which are required to be performed by a social worker are such that it is expected that facilities of 120 beds or more must employ the equivalent of a full-time social worker. Facilities of this size have

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reported costs for social worker services sufficient to cover the salary of a full-time social worker, which are reflected in current Other Patient Care rates, and a survey of these facilities has shown that they in fact have full-time social worker services.

Notice of room or roommate changes (Section 1919(c)(1)(A)(v)(1)) - This requirement will not result in an added cost to facilities.

Examination of survey results (Section 1919(c)(1)(A)(x)) - Maryland regulations have not specifically addressed the right of residents to examine the most recent nursing home survey and any plan of correction in effect. This new requirement will not result in an added cost to facilities.

Written description - protection of personal funds (Section 1919(c)(1)(B)(iv)) Although Maryland requirements do not state that facilities must give written description of the protection of personal funds, there is a requirement that facilities must provide written notice of numerous rights and policies to residents at the time of admission. Since nursing facilities must provide such written notices, this added requirement will not result in an additional cost.

Annual review of the drug plan of residents receiving psychopharmacologic drugs by an independent external consultant (Section 1919(c)(1)(D)) - Maryland does not require that the above stated review must be performed by an independent consultant, however, Maryland does require that a drug regimen review be performed monthly by a qualified pharmacist. Thus, the new requirement will not result in any added costs to facilities.

Permitting resident to return (Section 1919(c)(2)(D)(iii)) - This requirement will not result in an added cost to facilities.

Display and provide written information to resident regarding how to apply for Medicaid benefits (Section 1919(c)(5)(A)(i)(III)) - This requirement will not result in an added cost to facilities since nursing facilities must already have established procedures to provide written notice to residents of numerous rights and policies.

Notice of certain (personal fund) balances (Section 1919(c)(6)(B)(iii)) - Maryland has not required facilities to notify a resident when the amount in their personal fund account reaches the specified balances. However, Maryland does require facilities to provide residents with a quarterly statement of their account. Since facilities have procedures and staff assigned to monitor and provide account information, this new requirement will not result in any additional cost.

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Required notice - change in administrator (Section 1919(d)(1)(B)(iv)) -
Notification of a change of administrator is required to be provided to the State Board of Examiners of Nursing Home Administrators. A copy of this notice is customarily provided to the State licensing agency. The requirement of the latter notice will not result in any additional cost.

In accordance with Section 1902(a)(13)(A) of the Social Security Act, Maryland payment for nursing facility services takes into account the costs of services required to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident eligible for Medicaid benefits. This provision does not represent a change from Maryland's pre-existing requirements, and no new costs are expected to be incurred by facilities to provide services pursuant to this section.

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12/21/98

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Enclosure 4

Attachment 4 19 D

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The State has in place a public process which complies with the requirements of Section 1902(a)(13)(A) of the Social Security Act.

Approval Date DEC 23 1998
Effective Date 7/1/98

Plan # 99-2
Supersedes Plan #